

ETS | Infant Urine Collection Form

Put ID Label here

ASSESSMENT PERIOD:

☐₁ Home Visit 2b (6-Week PP)

☐₂ Home Visit 3b (6-Month PP)

☐₃ Home Visit 4b (12-Month PP)

1. Date urine sample collected: (write on vial and baggie labels)

|_|_|-|_|_|-20|_|_|
mo day year

☐.₈ No urine sample collected → Specify:

→END

2. Time of urine collection: (write on vial and baggie labels) |_|_|:|_|_| AM PM

3. Did mother collect the urine unsupervised by interviewer?

☐₁ YES

☐₂ NO

5. Sample was collected:

☐₁ Daytime

☐₂ Overnight (avoid)

☐₃ Don't Know

6. Type of collection:

☐₁ Cloth diaper

☐₂ Disposable diaper or pull-ups

☐₃ Cup → SKIP TO Q.7

☐₄ Potty chair → SKIP TO Q.7

☐.₈ Don't Know

6a. Absorbent product used:

☐₁ Cotton rolls

☐₂ Diaper liners

☐₃ Don't Know

7. Was sample contaminated with feces?

☐₁ YES

☐₂ NO

☐.₈ Don't Know

8. Did you put an "Extra" sample in the freezer?

☐₁ YES

☐₁ NO

☐.₈ Don't Know

9. Sample collected by:

10. Date urine sample sent to lab:

|_|_|-|_|_|-20|_|_|
mo day year

☐.₈ Urine sample not sent to lab → Specify:

→END

11. Sample sent to lab by:

COMMENTS: